

EXHIBIT 2



NEW PERSONAL ACCOUNT

REGION: TOBN MID-AT CT

ACCOUNT # [REDACTED]

TYPE OF ACCOUNT: IM Convenience Checking

TYPE CODE: [REDACTED]

BRANCH # [REDACTED]

CATEGORY: Personal Checking

OFFICER CODE: [REDACTED]

DATE OPENED: 05/12/2009

BANK REPRESENTATIVE: Dawn Foster

ACCOUNT TITLING / ADDRESS:

ACCOUNT RELATIONSHIP:

THE CHARTER OAK TRUST

Trust - Legal, 1 Trustee

WAYNE H BURSEY TRUSTEE

100 GRIST MILL ROAD

SIMSBURY, CT

USA

06070

CUSTOMER #1 INFORMATION

00000015865852

IDENTIFICATION (Declare below)

ID Type #1:

ID Type #2:

State/Country of Issuance:

State/Country of Issuance:

Number:

Number:

Expiration Date:

Expiration Date:

[REDACTED]

TIN TYPE

DATE OF BIRTH

[REDACTED]

LEGAL ADDRESS (if primary account owner):

100 GRIST MILL RD

SIMSBURY, CT 06070

MAILING ADDRESS (if primary account owner):

100 GRIST MILL ROAD

SIMSBURY, CT 06070

SPONSOR VERIFICATION

CUSTOMER #2 INFORMATION

Primary

00000015865854

IDENTIFICATION (Declare below)

ID Type #1:

ID Type #2:

State/Country of Issuance:

State/Country of Issuance:

Number:

Number:

Expiration Date:

Expiration Date:

[REDACTED]

TIN TYPE

DATE OF BIRTH

1950

LEGAL ADDRESS (if different from primary account owner):

[REDACTED]

BLOOMFIELD, CT 06002

MAILING ADDRESS (if different from primary account owner):

[REDACTED]

BLOOMFIELD, CT 06002

SPONSOR VERIFICATION

ACCEPT

CUSTOMER #3 INFORMATION

IDENTIFICATION (Declare below)

ID Type #1:

ID Type #2:

State/Country of Issuance:

State/Country of Issuance:

Number:

Number:

Expiration Date:

Expiration Date:

[REDACTED]

TIN TYPE

DATE OF BIRTH

LEGAL ADDRESS (if different from primary account owner):

[REDACTED]

MAILING ADDRESS (if different from primary account owner):

[REDACTED]

[REDACTED]

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CUSTOMER #4 INFORMATION

IDENTIFICATION (Declare below)

ID Type #1:

ID Type #2:

State/Country of Issuance:

State/Country of Issuance:

Number:

Number:

Expiration Date:

Expiration Date:

[REDACTED]

TIN TYPE

DATE OF BIRTH

LEGAL ADDRESS (if different from primary account owner):

[REDACTED]

MAILING ADDRESS (if different from primary account owner):

[REDACTED]

[REDACTED]

[REDACTED]

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ADDITIONAL CUSTOMER VERIFICATION:

☐ Employment☐ Address/Phone☐ Reference:

(Enter Name)

☐ Previous Bank:

(Enter Name of Bank)

IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

The undersigned acknowledges receipt of the Deposit Account Agreement, Account Maintenance Information grid, Fee Schedule and rates, which govern my/our accounts with the Bank. My/our use of this account shall evidence my/our acceptance of the terms and conditions set forth in the Deposit Account Agreement, Account Maintenance Information grid and Fee Schedule as the same may be amended from time to time.

Your signature constitutes authorization for debit card issuance for any signatory on this account.

The undersigned, both individually and on behalf of the account owner, if different, hereby authorizes the Bank to, from time to time, request consumer reports containing references about me/ us from third parties, such as a consumer reporting agency, in connection with opening and maintaining this account. If you (the Bank) are unable to open a deposit account, you will provide notice with an additional notice regarding the consumer reporting agency.

I/We acknowledge and understand that TD Banknorth and TD Bank are trade names of TD Bank, N.A. I/We further acknowledge and understand that for FDIC insurance purposes, my/our deposits may not be separately insured from any other deposits we may have at TD Banknorth and/or TD Bank.

By signing this signature card, I acknowledge that the deposit account to which I am being added as a co-owner may have an existing Moneyline account attached. I understand that a Moneyline account is a line of credit for overdraft protection. I acknowledge receipt of the Moneyline Agreement and disclosures and agree to their terms and conditions. I understand and agree that, as a co-owner of the deposit account, I will be fully responsible for payments on the Moneyline account (including any outstanding balances at this time) and that payment history and other credit information may be reported to consumer reporting agencies. By signing below, I authorize the Bank to automatically deduct the Minimum Payment Due for my Moneyline Account from the corresponding checking account if the Minimum Payment Due is not received by the Payment Due Date listed on the statement. Further, I agree to maintain sufficient funds in your checking account to cover this automatic payment.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, the undersigned certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return or for any other reason. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

(1) X Wayne H Bursey 5/12/09 THE CHARTER OAK TRUST
Signature Date Print Name

(2) X _____ WAYNE H BURSEY
Signature Date Print Name

(3) X _____
Signature Date Print Name

(4) X _____
Signature Date Print Name